

006238

DATE: 03/27/15 @ 0023

Northern California EDM *LIVE*

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USER: EDM MNR

ED Summary Report

Santa Rosa Memorial

Patient: GUTIERREZ, CYNTHIA

02/25/15 0341 Room

Acct# SV0083448385

Age/Sex 33/F DOB 07/31/1981

Height 5 ft 3 in

Unit# SM02706496

Status DEP ER

Weight 56.000 kg

Dep'd 02/25/15 0702

ED.Phys Brandwene, Elliott L

PC.Phys Southwest Community, Health Cli

PATIENT DEMOGRAPHICS

3492 STONY POINT RD

SANTA ROSA, CA 95407

714-673-1287

Insurance: Partnership Managed Medicaid

PCP: Southwest Community, Health Cli

Next of Kin: HUERTA, JOSE

Family Doctor:

Relation: Husband

Referring:

Phone: 714-673-1287

GENERAL DATA

ED Physician: Brandwene, Elliott L, ACT

Arrival Date/Time: 02/25/15 - 0326

Practitioner:

Triage Date/Time: 02/25/15 - 0351

Nurse: Cameron, Johnnie, RN

Date of Birth: 07/31/1981

Stated Complaint: CONGESTION/COUGH/NERVE PAIN?

Chief Complaint: Respiratory

Priority: 3

ALLERGIES

hydromorphone/cardiopulmonary arrest

REPORTED MEDICATIONS

Prescription/Reported Meds	Type	Issued	Provider	Entered
ONDANSETRON (ZOFTRAN ODT) 4 Mg Tab.rapdis	Rx	11/02/14	MULRI001	11/02/14
4 MG PO Twice Daily As needed for NAUSEA/VOMITING, #10 TAB.RAPDIS				
FUROSEMIDE (LASIX) 80 Mg Tablet	Rx	12/03/14	ALTMU001	12/03/14
80 MG PO Daily, #30 TABLET				
ATORVASTATIN CALCIUM (LIPITOR) 20 Mg Tab	Rx	12/17/14	QUAAN002	12/17/14
20 MG PO Every Evening, #30 TABLET REF 0				
AMLODIPINE BESYLATE (NORVASC) 5 Mg Tab	Rx	01/05/15	JUNDA001	01/05/15
5 MG PO Daily 30 Days				
HYDROCODONE BIT/ACETAMINOPHEN (NORCO 5-325 TABLET) 5	Rx	01/16/15	QUAAN002	01/16/15
Mg/325 Mg Tab				
1 TAB PO Q6H As needed for PAIN, Mild (1-3), #30 TAB REF 0				
METOCLOPRAMIDE HCL (REGLAN) 10 Mg Tab	Rx	01/22/15	ALTMU001	01/22/15
10 MG PO Before Meals and at Bedtime, #120 TABLET REF 3				
HYDROCODONE BIT/ACETAMINOPHEN (NORCO 5-325 TABLET) 5	Rx	02/01/15	ALLKE002	02/01/15
Mg/325 Mg Tab				
1-2 TAB PO Q6H As needed for PAIN, Moderate to Severe(4-10), #15 TAB				
OXYCODONE HCL/ACETAMINOPHEN (PERCOCET 10-325 MG TABLET) Rx		02/06/15	BRAEL001	02/06/15
1 Each Tablet				
1 TAB PO Every 4 Hours, #10 TABLET				
LATANOPROST (LATANOPROST) 2.5 Ml Drops	Reported			06/07/14

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Prescription/Reported Meds

Type Issued Provider Entered

1 DROP BOTH EYES Every Evening, #2.5 DROPS
 TIMOLOL MALEATE (TIMOLOL MALEATE OPHTH SOLN 0.5%) 10 Reported 06/07/14
 Ml Drops
 1 DROP BOTH EYES Twice Daily, #10 DROPS
 BRIMONIDINE TARTRATE (BRIMONIDINE TARTRATE 0.2%) 5 Ml Reported 06/07/14
 Drops
 1 DROP BOTH EYES Three Times Daily, #5 DROPS
 METOPROLOL TARTRATE (METOPROLOL TARTRATE) 100 Mg Reported 01/13/15
 Tablet
 100 MG PO Twice Daily, #60 TABLET
 HYDRALAZINE HCL (HYDRALAZINE HCL) 50 Mg Tablet Reported 01/13/15
 50 MG PO Twice Daily, #120 TABLET

TRIAGE VITAL SIGNS

Date/Time	Systolic	Diastolic	Pulse	Resp	Pulse Ox	Temp	Pain Intensity	User
02/25/15 0351	177	97	86	2	94	98.7	8	CAMEROJO0...

OXYGENATION

Date/Time	Pulse Ox	Oxygen Delivery Method	User
02/25/15 0351	94	Room Air	CAMEROJO01, RN

VITAL SIGNS

Date/Time	Systolic	Diastolic	Pulse	Resp	Pulse Ox	Temp	Pain Intensity	User
02/25/15 0427	177	97	86	2	94	98.7	9	CAMEROJO0...
02/25/15 0527			86	21	97	98.2		CAMEROJO0...
02/25/15 0641	145	89	83	20	97	98.2	1	CAMEROJO0...

Date/Time	Temperature (Celsius)	User
02/25/15 0427	37.05852	CAMEROJO01, RN

ASSESSMENTS

02/25/15 0329 ED Past Medical History Adult

Collins, Bernadette, RN

Past Medical History Y

Multiple Sclerosis N

Parkinson's Disease N

Seizures Y

Comment pt has not have one since age two

Glaucoma Y

Macular Degeneration N

Other HEENT Disorders no vision in left eye, getting eye injections in right eye

Pacemaker N

Internal Defibrillator (AICD) N

Arrhythmia N

Cardiac Catheterization/PCI N

Hypertension Y

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Palpitations N

Other Cardiovascular Disorders CHF

Asthma N

COPD N

Other Respiratory Disorders HX PERICARDIAL EFFUSIONS

Crohn's Disease N

Diverticulosis N

Esophageal Varices N

Pancreatitis N

Other GI Disorder partial pancreatectomy, gastroparesis

Dialysis Y

Comment AV Fisyula left upper arm

Prostate Problems N

Renal Failure Y

Comment CRF STAGE 3 KIDNEY DISEASE, dx'd in March 2014

Other Genitourinary Disorders GASTROPARESIS

LEFT UPPER ARM DIALYSIS SHUNT JAN/2015

Endometriosis N

Fibroids N

Epididymitis N

Other Reproductive Disorders tubal ligation

Arthritis, Rheumatoid N

Back Injury N

Fibromyalgia N

Other Musculoskeletal Disorders "NERVE PAIN"

Eating Disorder N

Panic Disorder N

Diabetes Mellitus Type 1 Y

Diabetes Mellitus Type 2 Y

Comment has been hospitalized for this many times

Hyperthyroidism N

Hypothyroidism N

Systemic Lupus Erythematosus N

Anemia Y

History Acquired Immunodeficiency Disease N

MRSA N

Bone N

Brain N

Breast N

Colorectal N

Leukemia N

Lymphoma N

Prostate N

Skin N

Chemotherapy N

Radiation Therapy N

Other Medical History kidney failure

Surgical History Y

Comment Partial pancreas removed as an infant

Cardiovascular Surgery Y

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Heart Valve Replacement N

HEENT Surgery N

Endocrine Surgery Y

Comment partial pancreatectomy for hypoglycemia

Gastrointestinal Surgery Y

Comment PARTIAL PANCREAS REMOVAL

Cholecystectomy N

Genitourinary Surgery Y

Renal Transplant N

Orthopedic Surgery N

Joint Replacement N

Neurologic Surgery N

Reproductive Surgery Y

Gynecologic Surgery N

Mastectomy N

Transurethral Resection (TURP) N

Respiratory Surgery N

Tracheostomy N

Other Surgery N

Past Medical History Verified By Nurse With Patient/Family Y

02/25/15 0351 ED Adult Triage Assessment

Cameron, Johnnie, RN

History Of Present Illness pT REPORTS, "I HAVE HAD SHORTNESS OF BREATH SINCE 7PM LAST EVENING. Last dialysis one day ago. " Pt also c/o bilateral hand pain.

Informant Patient

Primary Language English

Interpreter Offered N

Means of Arrival Private Auto

Arrival From Home

Temp 98.7

Temperature (Calculated Celsius) 37.05852

Temperature Source Oral

Pulse 86

Resp 2

Pulse Ox 94

Oxygen Delivery Method Room Air

Systolic 177

Diastolic 97

Mean 123

Traveled Or Hospitalized Outside USA In Last 30 Days No

Reported Pain Pain Present

Pain Intensity 8

Height (Feet) 5

Height (Inches) 3

Height (Calculated Centimeters) 160.0

Height Measurement Method Stated

Weight (Kilograms) 56

Weight Source Stated

Is Patient Female? N

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PC.Phys Southwest Community, Health Cli

Currently Pregnant? N

Currently Breastfeeding? N

Priority 3 Urgent

02/25/15 0359 ED Patient Education Assessmnt

Cameron, Johnnie, RN

Barriers To Learning None

Focus Education To Patient

Education Topic Plan Of Care

02/25/15 0359 ED Focal Head To Toe Assessmnt

Cameron, Johnnie, RN

Eye Opening Spontaneously 4

Verbal Response Oriented and Converses 5

Motor Response Obeys Commands 6

Glasgow Coma Scale Total 15

02/25/15 0359 ED Screening Assessment

Cameron, Johnnie, RN

Last Tetanus Less Than 10 Years

Pressure Ulcer Prior To Admission N

Mode Of Transportation Ambulatory

Religious/Cultural Beliefs That May Affect Your Medical Care N

Recent Victim Of Physical/Emotional/Financial Abuse N

Do You Feel Safe Returning Home N

Barriers To Learning None

History Of Falls No

Secondary Diagnosis Yes

Ambulatory Aid None

IV/IV Access Yes

Gait Transferring Normal

Mental Status Oriented To Own Ability

Patient's Fall Risk Standard Fall Risk

Standard Interventions-All Patients Belongings Within Reach, Frequent Rounding,

Bed Brakes On, Call Light In Reach,

- Bed In Lowest Position

Moderate/High Risk Falls Intervention Place near Nurses Station, Educate Pt/Family,

Fall Risk Signage Placed, Room Free Of Clutter,

Bed Alarm On While In Bed, Frequent Rounding,

Bed Brakes On, Belongings Within Reach,

Call Light In Reach

Smoking Status Former Smoker

Other Tobacco Use N

History Of Substance Use N

Are You Having Thoughts/Had Thoughts Of Hurting Yourself N

Are You Having/Had Thoughts Of Hurting Someone Else N

02/25/15 0401 ED TB Screening

Cameron, Johnnie, RN

History Of Active Tuberculosis No

Weight Loss No

Anorexia No

Fatigue No

Cough No Cough

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ED.Phys Brandwene, Elliott L

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Fever No

Night Sweats No

Exposure No

Tuberculosis Precautions Standard Precautions

02/25/15 0402 ED Safety Rounding Assessment

Cameron, Johnnie, RN

Safety Rounds Pt Resting In Bed

Patient Positioning/ Turning Turns Self

Patient Activity Resting In Bed

Safety Precautions Call/Assistance Education, ID Band Verified/Placed, Bed In Low Position,
 Door Open, Brakes Locked, Floors Clean Of Obstacles,
 Call Light Within Reach

Side Rails Up x2

02/25/15 0421 ED Event Assessment

Cameron, Johnnie, RN

Event Assessment Comment Lab reports, pt has a BNP greater than 5000; Dr notified.

02/25/15 0427 ED Adult VS & Pain Assessment

Cameron, Johnnie, RN

Temp 98.7

Temperature (Celsius) 37.05852

Temperature (Calculated Celsius) 37.05852

Temperature Source Oral

Pulse 86

Resp 2

Pulse Ox 94

Oxygen Delivery Method Room Air

Systolic 177

Diastolic 97

Mean 123

Location Right Arm

Blood Pressure Source Automatic Cuff

Blood Pressure Position Semi-Fowlers

Cardiac Monitoring Y

Cardiac Rhythm Sinus Rhythm

Reported Pain Pain Present

Location Modifier Left

Pain Location Hand

Pain Description Pins/Needles

Pain Intensity 9

02/25/15 0431 ED Event Assessment

Cameron, Johnnie, RN

Event Assessment Comment Lab called and reported pt's glucose is 418; Dr notified.

02/25/15 0526 ED Safety Rounding Assessment

Cameron, Johnnie, RN

Safety Rounds Pt Resting In Bed

Present At Bedside Family

Patient Positioning/ Turning Turns Self

Patient Activity Resting In Bed

Safety Precautions Call/Assistance Education, ID Band Verified/Placed, Bed In Low Position,
 Door Open, Brakes Locked, Floors Clean Of Obstacles

GUTIERREZ, CYNTHIA

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Unit# SM02706496

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ED.Phys Brandwene, Elliott L

PC.Phys Southwest Community, Health Cli

Side Rails Up x2

02/25/15 0527 ED Adult VS & Pain Assessment

Cameron, Johnnie, RN

Temp 98.2

Temperature (Calculated Celsius) 36.78072

Temperature Source Oral

Pulse 86

Resp 21

Pulse Ox 97

Oxygen Delivery Method Nasal Cannula

Oxygen Flow Rate 2

Location Right Arm

Blood Pressure Source Automatic Cuff

Blood Pressure Position Semi-Fowlers

Cardiac Monitoring Y

Cardiac Rhythm Sinus Rhythm

Reported Pain Denies Pain

Location Modifier Left

Pain Location Hand

02/25/15 0615 ED Event Assessment

Cameron, Johnnie, RN

Event Assessment Comment Accu chel 318; Dr notified.

02/25/15 0641 ED Adult VS & Pain Assessment

Cameron, Johnnie, RN

Temp 98.2

Temperature (Calculated Celsius) 36.78072

Temperature Source Oral

Pulse 83

Resp 20

Pulse Ox 97

Oxygen Delivery Method Room Air

Systolic 145

Diastolic 89

Mean 107

Location Right Arm

Blood Pressure Source Automatic Cuff

Cardiac Monitoring Y

Cardiac Rhythm Sinus Rhythm

Reported Pain Pain Present

Location Modifier Left

Pain Location Hand

Pain Description Aching

Pain Intensity 1

02/25/15 0642 ED Safety Rounding Assessment

Cameron, Johnnie, RN

Safety Rounds Pt Resting In Bed

Patient Positioning/ Turning Turns Self

Patient Activity Resting In Bed

Safety Precautions Call/Assistance Education, ID Band Verified/Placed, Bed In Low Position,
Door Open, Brakes Locked, Floors Clean Of Obstacles,

GUTIERREZ, CYNTHIA

Acct# SV0083448385

Unit# SM02706496

Age/Sex 33/F

DOB 07/31/1981

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ED.Phys Brandwene, Elliott L02/25/15 0341 Room
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Weight 56.000 kgAcct# SV0083448385
Unit# SM02706496
Dep'd 02/25/15 0702
PC.Phys Southwest Community Health Cli

Call Light Within Reach

Side Rails Up x2

02/25/15 0700 ED Adult Disposition Assessmnt

Cameron, Johnnie, RN

Temp 98.2
Temperature (Celsius) 36.78072
Temperature (Calculated Celsius) 36.78072
Temperature Source Oral
Pulse 83
Resp 20
Pulse Ox 97
Oxygen Delivery Method Room Air
Oxygen Flow Rate 2
Systolic 145
Diastolic 89
Mean 107
Reported Pain Denies Pain
Discharge/Transfer Paperwork Sent With Patient Y
After Care Instructions Given To Patient
After Care Instructions Comprehension Verbalizes Understanding
Discharged Via Walked
Discharge Mode Private Auto

TREATMENTS

02/25/15 0413 ED IV Invasive Line Assessment

Cameron, Johnnie, RN

Location Right Hand
IV Line Type Peripheral IV
IV Site Observation/Evaluation Intact
Pre Hospitalization IV Start N
IV Gauge 22
Number Of Attempts 102/25/15 0414 ED EKG/ECG

Cameron, Johnnie, RN

EKG Results Reported To MD on duty

02/25/15 0422 ED Med Rec Completed

Cameron, Johnnie, RN

02/25/15 0659 ED Discontinue IV

Cameron, Johnnie, RN

Location Right Hand
Type Peripheral IV
Dressing Status Dressing Dry & Intact
IV Line Interventions Discontinued Intact

MEDICATIONS

GUTIERREZ, CYNTHIA
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Medication

Sch Date-Time	Ordered Dose	Admin Dose			
Doc Date-Time	Given - Reason		Site	User	
HYDROMORPHONE Inj 1 mg/1 mL Amp (Dilaudid Inj) IM/ONCE/ONE					
02/25/15-0400	1 MG	1 MG			
02/25/15-0421	Y			Cameron, Johnnie	
IM Injection Site: Right Dorsal Gluteal					
Pain Scale Used: Verbal Numeric (0-10)					
Pain Location Modifier:					
Right					
Pain Location: Hand					
Pain Description:					
Throbbing					
Pain Intensity: 10					
<u>Reassessments:</u>					
02/25/15-0451					
02/25/15-0451	Y			Cameron, Johnnie	
Pain Scale Used: Verbal Numeric (0-10)					
Pain Location Modifier:					
Left					
Pain Location: Hand					
Pain Description:					
Aching					
Pain Intensity: 2					
Patient Reports Pain Level Controlled Or Tolerable: Y					
Acknowledgements					
Ack Date-Time				User	
02/25/15-0421				Cameron, Johnnie	
Ondansetron 4 mg Orally-Disintegrating Tab (Zofran ODT) PO/ONCE/ONE					
02/25/15-0400	4 MG	4 MG			
02/25/15-0421	Y			Cameron, Johnnie	
Acknowledgements					
Ack Date-Time				User	
02/25/15-0421				Cameron, Johnnie	
Insulin Regular 1 unit/0.01 mL (HumuLIN R) SUBCUT/ONCE/ONE					
02/25/15-0455	15 UNIT	15 UNIT			
02/25/15-0516	Y			Cameron, Johnnie	
Blood Glucose: 418					
Subcutaneous Injection Site: Right Posterior Arm					
Acknowledgements					
Ack Date-Time				User	
02/25/15-0516				Cameron, Johnnie	
HYDROMORPHONE Inj 1 mg/1 mL Amp (Dilaudid Inj) IVP/ONCE/ONE					
02/25/15-0605	1 MG	1 MG			

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Acknowledgements

Ack Date-Time

User

Doc Date-Time Given - Reason

Site

User

02/25/15-0622 Y

Cameron, Johnnie

Pain Scale Used: Verbal Numeric (0-10)

Pain Location: Hand

Pain Description:

Aching

Pain Intensity: 5

Reassessments:

02/25/15-0652

02/25/15-0659 Y

Cameron, Johnnie

Pain Scale Used: Verbal Numeric (0-10)

Pain Intensity: 0

Patient Reports Pain Level Controlled Or Tolerable: Y

Acknowledgements

Ack Date-Time

User

02/25/15-0622

Cameron, Johnnie

LAB RESULTS

Test	Date	Time	Result	Reference	Units
WBC	2/25/15	0350	7.8	(3.5-11.0)	10 ³ /uL
RBC	2/25/15	0350	2.66 L	(3.50-5.50)	10 ⁶ /uL
HGB	2/25/15	0350	7.7 L	(12.0-15.0)	g/dL
HCT	2/25/15	0350	24.2 # L	(36.0-45.0)	%
MCV	2/25/15	0350	91 #	(79-95)	fL
MCH	2/25/15	0350	29.1	(26.0-33.0)	pg
MCHC	2/25/15	0350	32.0	(32.0-36.0)	g/dL
RDW	2/25/15	0350	16.3 H	(11.0-14.0)	%
PLT	2/25/15	0350	172	(120-400)	THD/uL
MPV	2/25/15	0350	9.4	(7.4-10.4)	fL
Neutrophils %	2/25/15	0350	73.4 H	(34-64)	%
Lymphocytes %	2/25/15	0350	16.6 L	(19-48)	%
Monocytes %	2/25/15	0350	6.6	(3-9)	%
Eosinophils %	2/25/15	0350	2.4	(0-7)	%
Basophils %	2/25/15	0350	1.0	(0-2)	%
Neutrophils #	2/25/15	0350	5.7 H	(2.5-5.6)	THD/uL
Lymphocytes #	2/25/15	0350	1.3	(0.8-3.5)	10 ³ /uL
Monocytes #	2/25/15	0350	0.5	(0.2-1.0)	THD/uL
Eosinophils #	2/25/15	0350	0.2	(0-0.5)	THD/uL
Basophils #	2/25/15	0350	0.1	(0-0.1)	THD/uL

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PC.Phys Southwest Community, Health Cli

Test	Date	Time	Result	Reference	Units
Glucose	2/25/15	0350	418 (A) *H	(65-99)	mg/dL
(A) ***** CRITICAL VALUE *****					
CALLED AND READ BACK BY:					
WALLACCA01 on 02/25/15 (0429), TO CAMERON/ED					
NURSE _____ NOTIFIED DR. _____ DATE: _____ TIME: _____					
(Completed on hard copy only)					
IF DR. NOT NOTIFIED REASON: _____					
See also (B), (C)					

Na	2/25/15	0350	137	(136-144)	mmol/L
K	2/25/15	0350	4.9	(3.6-5.1)	mmol/L
Cl	2/25/15	0350	96 L	(101-111)	mmol/L
CO2	2/25/15	0350	26	(22-32)	mmol/L
Anion Gap	2/25/15	0350	15.0 H	(3.0-11.0)	
BUN	2/25/15	0350	57 H	(8-20)	mg/dL
Creatinine	2/25/15	0350	3.9 H	(0.40-1.00)	mg/dL
Calcium	2/25/15	0350	8.0 L	(8.9-10.3)	mg/dL
TP	2/25/15	0350	6.8	(6.1-7.9)	gm/dL
Alb	2/25/15	0350	3.3 L	(3.5-4.8)	g/dL
T Bili	2/25/15	0350	0.5 (B)	(0.3-1.2)	mg/dL

(B) --- 02/25/15 0756 ---
 TBIL previously reported as:
 < 0.1 L mg/dL

AST	2/25/15	0350	27	(15-41)	IU/L
ALT	2/25/15	0350	93 H	(14-54)	IU/L
Alk Phos	2/25/15	0350	290 H	(32-91)	IU/L
Globulin	2/25/15	0350	3.5	(2.3-3.5)	gm/dL
GFR Non-Af Am	2/25/15	0350	14 (C) L	(>60)	ml/min

(C) See (D), (E)

(D) Results suggest Kidney Stage 5 per NKF/DOQI guidelines

(E)

**Note: As of 04/21/14 the eGFR will be calculated using the
 CKD-EPI equation**

GUTIERREZ, CYNTHIA

Acct# SV0083448385

Unit# SM02706496

Age/Sex 33/F

DOB 07/31/1981

Status DEP ER



006249

DATE: 03/27/15 @ 0023
USER: EDM MNRNorthern California EDM *LIVE*
ED Summary Report

PAGE 12

Santa Rosa MemorialPatient: GUTIERREZ, CYNTHIA
Age/Sex 33/F DOB 07/31/1981
Status DEP ER
ED.Phys Brandwene, Elliott L02/25/15 0341 Room
Height 5 ft 3 in
Weight 56.000 kgAcct# SV0083448385
Unit# SM02706496
Dep'd 02/25/15 0702
PC.Phys Southwest Community, Health Cli

Test	Date	Time	Result	Reference	Units
GFR Af Am	2/25/15	0350	17(F) L	(>60)	ml/min
(F) See (G), (H)					
CKMB Rapid	2/25/15	0350	5.1	(0.6-6.3)	ng/mL
Rap Trop I	2/25/15	0350	< 0.05(G)	(<0.05)	ng/mL

(G) 99% of normal subjects have values <0.04. The recommended threshold for acute MI is >0.40. Values between 0.04 and 0.39 often occur in patients with acute coronary syndromes and have been associated with an increased risk of coronary events.

Serial sampling is recommended to detect the temporal rise and fall of Troponin levels characteristic of an AMI. These values should be interpreted in the context of the patient's clinical presentation.

NOTE: These assays were performed using the Biosite Triage Meter. Reference ranges may be different.

GUTIERREZ, CYNTHIA
Age/Sex 33/F DOB 07/31/1981
Status DEP ER

Acct# SV0083448385

Unit# SM02706496



006250

DATE: 03/27/15 @ 0023
USER: EDM MNRNorthern California EDM *LIVE*
ED Summary Report

PAGE 13

Santa Rosa Memorial

Patient: GUTIERREZ, CYNTHIA
Age/Sex 33/F DOB 07/31/1981
Status DEP ER
ED.Phys Brandwene, Elliott L02/25/15 0341 Room
Height 5 ft 3 in
Weight 56.000 kgAcct# SV0083448385
Unit# SM02706496
Dep'd 02/25/15 0702
PC.Phys Southwest Community, Health Cli

Test	Date	Time	Result	Reference	Units
BNPT	2/25/15	0350	> 5000 (H) *H	(0-100)	pg/mL

(H) POSITIVE

***** CRITICAL RESULT*****

CALLED AND BROADCAST TO CAMERON/EDE AT 0417, 02/25/15 BY LAB
WALLACCA01.

NURSE _____ NOTIFIED DR. _____ DATE: _____ TIME: _____

(Completed on hard copy only)

IF DR. NOT NOTIFIED REASON: _____

BNP LEVEL ADDITIONAL INTERPRETATIONS

0-100 PG/ML Highly unlikely that patient's symptoms
result from systolic or diastolic dysfunction.101-200 PG/ML BNP greater than 100 pg/ml is considered
positive and indicative of heart failure. LV

Dysfunction with no acute CHF=141 (+/-31).

Severe Right Heart Failure, Pulm HTN, or
large Pulm Embolus may equal 100-200 pg/ml.

201-479 PG/ML Almost always Left Heart Failure. AMI with

CHF may have elevated levels; Positive BNP
should not be viewed as excluding a diagnosis
of AMI.

Equal to or greater than 480 PG/ML

Patients who present with dyspnea and BNP

level equal to or greater than 480 have a

nearly 30-fold increased risk for a cardiac

event in the next 6 months.

ORDERS

Ordered	Procedure Name	Ordering Provider	E-Signed
02/25/15 0335	CBC w/ Differential	Brandwene, Elliott L, ACT	Yes
02/25/15 0335	CMP Comp Metabolic Panel CMP	Brandwene, Elliott L, ACT	Yes
02/25/15 0335	Cardiac Panel Baseline	Brandwene, Elliott L, ACT	Yes
02/25/15 0335	XR Chest 1V Portable	Brandwene, Elliott L, ACT	Yes
02/25/15 0335	EKG/ ECG	Brandwene, Elliott L, ACT	Yes
02/25/15 0400	HYDROMorphone Inj (Dilaudid...	Brandwene, Elliott L, ACT	Yes
02/25/15 0400	Ondansetron ODT (Zofran ODT)	Brandwene, Elliott L, ACT	Yes
02/25/15 0452	Insulin Regular (HumuLIN R)	Brandwene, Elliott L, ACT	Yes
02/25/15 0452	Insulin Regular (HumuLIN R)	Brandwene, Elliott L, ACT	N/A
02/25/15 0604	HYDROMorphone Inj (Dilaudid...	Brandwene, Elliott L, ACT	Yes
02/25/15 0808	Glucose Bedside	Brandwene, Elliott L, ACT	N/A

DEPARTURE

Primary Impression:

ESRD (end stage renal disease) on dialysis

GUTIERREZ, CYNTHIA
Age/Sex 33/F DOB 07/31/1981
Status DEP ER

Acct# SV0083448385

Unit# SM02706496



006251

DATE: 03/27/15 @ 0023
USER: EDM MNRNorthern California EDM *LIVE*
ED Summary Report

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Santa Rosa MemorialPatient: GUTIERREZ, CYNTHIA
Age/Sex 33/F DOB 07/31/1981
Status DEP ER
ED.Phys Brandwene, Elliott L02/25/15 0341 Room
Height 5 ft 3 in
Weight 56.000 kgAcct# SV0083448385
Unit# SM02706496
Dep'd 02/25/15 0702
PC.Phys Southwest Community, Health Cli**Secondary Impressions:**

Chronic pain

Anemia

Neuropathy

Poorly controlled diabetes mellitus

Disposition: Discharge Home

Departure Date/Time: 02/25/15 - 0702

Comment:

Condition: Stable

Referrals:

Southwest Community, Health Cli

751 Lombardi Ct

Santa Rosa, CA 95407

Phone: 707-547-2222

Fax: 707-547-2229

Pt Instructions: AFTERCARE, ED Chronic Pain, ED Chronic Renal Failure, Diabetic Neuropathy

Additional Instructions:

Please follow up at dialysis as scheduled tomorrow, and return to the emergency department sooner for worsening symptoms or any other concerns.

Care Plan:**Departure Forms:****Departure Screen :****PRESCRIPTIONS**

Prescription/Reported Meds	Type	Issued	Provider	Entered
HYDROCODONE BIT/ACETAMINOPHEN (NORCO 10-325 TABLET) 10 Rx Mg/325 Mg Tab 1 TAB PO Every 6 Hours As needed for PAIN, Moderate to Severe(4-10), #20 TAB		02/25/15	BRAEL001	02/25/15

CARE PROVIDERS**Staff History:**

ED Physician:

02/25/15 0334 Brandwene, Elliott L, ACT

Practitioner:

Nurse:

02/25/15 0502 Cameron, Johnnie, RN

GUTIERREZ, CYNTHIA

Age/Sex 33/F

DOB 07/31/1981

Status DEP ER

Acct# SV0083448385

Unit# SM02706496





Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ,CYNTHIA
Location: NSMED
Physician: Brandwene,Elliott L

Patient Visit Information

You were seen today for:

ESRD (end stage renal disease) on dialysis
Chronic pain
Anemia
Neuropathy
Poorly controlled diabetes mellitus

Staff

Your caregivers today were:

Physician	Brandwene,Elliott L
Nurse	J C

Patient Instructions Reviewed

AFTERCARE
ED Chronic Pain
ED Chronic Renal Failure
Diabetic Neuropathy

received 02/25/15 - 0649

Activity Restrictions or Additional Instructions

Please follow up at dialysis as scheduled tomorrow, and return to the emergency department sooner for worsening symptoms or any other concerns.

Follow-up

Please contact the following to make an appointment for follow-up care:

Southwest Community,Health Cli
751 Lombardi Ct
Santa Rosa, CA 95407
Phone: 707-547-2222 Fax: 707-547-2229

Note: Your health care plan may require a referral from your primary care provider prior to making an appointment.



Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ,CYNTHIA
Location: NSMED
Physician: Brandwene,Elliott L

AFTERCARE

* The examination and treatment that you have received the Emergency Department is given as emergency first care only, and not intended to be a substitute for, or an effort to provide complete medical care. It is impossible to recognize and treat all elements of an injury or illness in a single Emergency Department Visit. It is therefore important and mandatory that you seek follow up care from your physician or the one to whom you have been referred at the time of discharge.

* Return to this facility if you are not improving as expected.

* Please take these instructions and any medications you are taking to your follow-up appointment.

* The Emergency Department does not provide "Refills" of medications without being examined again by the doctor. Please consult with your follow-up doctor for any changes in your medications or refills.

* You will receive a separate bill for the services rendered by your Emergency Physician.

* All x-rays, EKG's, etc. are reviewed by a Radiologist/Cardiologist. The interpretation of your x-ray, EKG and other lab is a preliminary reading only. Please contact your Doctor or referral source for final interpretation.

* You may be asked to participate in a survey after you return home. Please take time to give us your feedback.

* If you have any questions or concerns, please call the phone number on the last page of these instructions.

* Thank you for choosing this Emergency Department for your emergency care.

General Health Reminders

* For your safety, please wear your seat belts.

* Clean hands are the best protection against spreading germs and preventing infection.

* When to clean your hands:

- Whenever your hands are visible dirty
- Before you eat and before touching your mouth, nose or eyes
- Before and after preparing food
- After contact with blood or body fluids, using the restroom, touching animals and pets, or change diapers

* Proper Hand Washing:

- Use soap and plenty of running water if your hands are visibly soiled
- Wet hands with warm water and work soap into a lather
- Rub your hands vigorously for 15 seconds or longer. Get in between fingers and scrub wrists
- Rinse your hands with warm running water and pat them dry with a clean towel
- Use a clean paper towel to turn off the water faucet and discard it in a trash can



Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ, CYNTHIA
Location: NSMED
Physician: Brandwene, Elliott L

Chronic Pain

Pain of recent onset ("acute pain") serves an important function. It lets you know something is wrong that needs your attention. When the body heals, acute pain goes away.

When pain lasts longer than six months, it is called "chronic pain." It may be present even after the body has healed. Chronic pain has both a physical and a psychological component. It may cause low self-esteem, depression and irritability. And, it can interfere with daily activities.

Treatment:

Chronic pain is treated with a combination of medicines, therapy and lifestyle changes.

Medicines may include pain relievers and antidepressants. It is best not to rely on regular use of narcotics for chronic pain. This leads to physical addiction. If narcotics are used at all, they are best limited to acute, breakthrough pain. Medicines used for seizures also help in certain types of chronic pain.

Physical Therapy can offer stretching and strengthening activities as well as low-impact exercise. This can reduce certain types of chronic pain.

Occupational Therapy teaches you how to do routine tasks of daily living in ways that minimize your discomfort.

Psychological Therapy can help you deal with the stress in your life so you feel more at ease.

Other Modalities such as meditation, yoga, biofeedback, massage and acupuncture can also help manage chronic pain.

Lifestyle Habits can affect chronic pain. The following should be part of any chronic pain treatment plan.

- Eat healthy
- Develop an exercise routine
- Get enough sleep at night
- Stop smoking and limit alcohol use
- Start a weight loss program if you are overweight



Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ,CYNTHIA
Location: NSMED
Physician: Brandwene,Elliott L

Many patients can be free from chronic pain. But at the very least, you should expect your pain to become less severe, occur less often and interfere less with your daily life.

Follow Up

with your doctor or as advised by our staff. Let your doctor know if your current treatment plan is successful or if changes are needed.

Resources:

American Council for Headache Society www.achenet.org

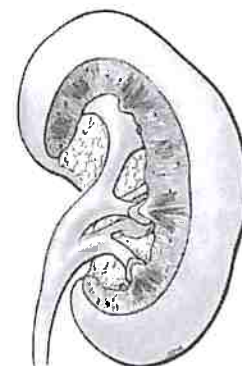
American Chronic Pain Association www.theacpa.org 800-533-3231



Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ, CYNTHIA
Location: NSMED
Physician: Brandwene, Elliott L

Chronic Renal Failure

The role of the kidneys is to remove waste products and excess water from the blood. When the kidneys do not function normally and waste products begin to build up in the blood, this is called "renal insufficiency". When it is advanced, it is called "chronic renal failure" or "end-stage renal disease". Chronic renal failure allows excess water, waste and toxic substances to build up in the body. This can eventually become life-threatening, requiring dialysis or a kidney transplant to stay alive.



Diabetes is the leading causes of chronic renal failure. Other causes include high blood pressure, hardening of the arteries (atherosclerosis), lupus, inflammation of the blood vessels (vasculitis), prior viral and bacterial infections, and others. Certain over-the-counter pain medicines can cause renal failure when taken often over a long period of time. These include aspirin, ibuprofen (Advil, Motrin) and related anti-inflammatory medicines.

Home Care:

- If you have diabetes, talk to your doctor about the quality of your blood sugar control and any adjustments needed to your diet.
- If you have high blood pressure:
 - Take prescribed medicine to lower your blood pressure to normal (130/80 mm Hg).
 - Take up a regular exercise program that you enjoy. Check with your doctor to be sure your planned exercise program is right for you.
 - Reduce your salt (sodium) intake. Your doctor can tell you how much salt per day is safe for you.
- If you are overweight, talk to your doctor about a weight loss plan.
- If you smoke, you must quit. Smoking worsens kidney disease. Talk to your doctor about ways to help you quit. For more information, visit the following links:
 - www.smokefree.gov/pubs/clearing_the_air.pdf
 - www.smokefree.gov
 - www.quitnet.com
- All patients with chronic renal failure need to follow a special diet. Be sure



Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ, CYNTHIA
Location: NSMED
Physician: Brandwene, Elliott L

- you understand yours. In general, you will need to restrict protein, salt, potassium and phosphorus. You also need to limit fluid intake. A calcium supplement will be prescribed to protect your bones from osteoporosis.
- Avoid the following over the counter medicines, or consult your doctor before using:
 - Aspirin and anti-inflammatory drugs such as ibuprofen (Advil, Motrin), naprosyn (Aleve); [Short term use of acetaminophen (Tylenol) for fever or pain is okay.]
 - Laxatives and antacids containing magnesium or aluminum (Mylanta, Maalox)
 - Fleet or phosphosoda enemas containing phosphorus
 - Certain stomach acid-blocking medicine such as cimetidine (Tagamet), ranitidine (Zantac)
 - Decongestants containing pseudoephedrine (such as some forms of Sudafed or Actifed)
 - Herbal supplements

Follow Up

with your doctor or as advised by our staff. Contact one of the following for more information.

- American Association of Kidney Patients (800) 749-2257 www.aakp.org
- National Kidney Foundation (800) 622-9010 www.kidney.org

[NOTE: If an X-ray or EKG (cardiogram) was made, another specialist will review it. You will be notified of any new findings that may affect your care.]

Return Promptly

or contact your doctor if any of the following occurs:

- Nausea or vomiting
- Severe weakness, dizziness, fainting, drowsiness or confusion
- Chest pain or shortness of breath
- Unexpected weight gain or swelling in the legs, ankles or around the eyes
- Heart beating fast, slow or irregularly
- Decrease or absent urine output



Date: 02/25/15
 Account Num: SV0083448385
 Med Rec Num: SM02556209
 Patient: GUTIERREZ, CYNTHIA
 Location: NSMED
 Physician: Brandwene, Elliott L

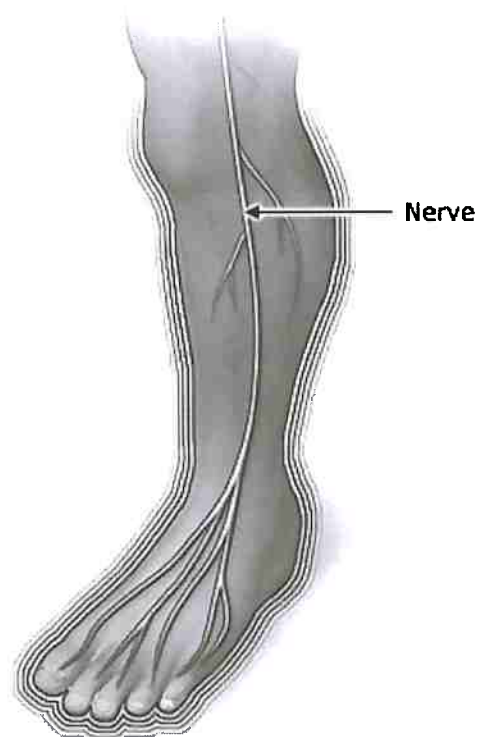
Diabetic Neuropathy

Diabetic neuropathy is a common complication of diabetes that causes nerve damage. It most often affects people with diabetes who have poor control of their blood sugar levels.

Over time, high blood sugar levels can damage nerves and lead to poor blood flow (especially in the feet and legs). These complications increase the risk for serious foot and leg problems.

Early symptoms of diabetic neuropathy include numbness, tingling, pain, and weakness in the feet and legs. Symptoms tend to worsen over time and if left untreated may affect other parts of the body.

The goal of treatment is to stop the progress of the disease. It focuses on controlling your diabetes and taking proper care of your feet and legs. Regular follow-up with your doctor (or a recommended specialist) is required.



Home Care

Here are some tips for good foot hygiene:

- Wash your feet daily with warm (not hot) water and soap. Test the temperature with your wrist or elbow.
- Gently pat your feet dry with a soft towel, especially between your toes.
- Apply lotion, oil, or cream to your feet to prevent dryness. Avoid the area between your toes.
- Use foot powder if your feet sweat.
- Cut your toenails straight across. Use an emery board to smooth sharp corners. If you need help, talk to your doctor about seeing a podiatrist (foot doctor).
- Check your feet carefully each day. Use a mirror to help you look for cuts, sores, blisters, scratches, and redness.
- Don't use any medicine on your feet or legs unless prescribed by your doctor.
- Never go barefoot, even on the beach!

Good blood flow to your feet and legs is very important. Here are some tips:

- Don't sit or stand for long periods of time.
- Don't cross your legs when sitting.
- Don't wear clothes that bind your legs (like knee-hi socks or stockings).
- Don't expose your legs to very hot or cold temperatures (like from heating pads, electric blankets, hot tubs, sunburns, swimming pools, lakes, and oceans).
- Follow your prescribed walking and leg exercise program.



Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ, CYNTHIA
Location: NSMED
Physician: Brandwene, Elliott L

Wearing proper-fitting shoes and socks can prevent many problems. Here are some tips for selecting the right shoes and socks:

- Always wear socks. Choose clean, soft, padded socks without holes. Don't wear stockings or socks that bind, rub, or slip around.
- Wear sturdy, comfortable shoes. Avoid shoes with pointed toes or heels higher than 2 inches.
- Check the insides of shoes for any uneven or rough edges or foreign objects like a pebble.
- Have both your feet measured at least once a year. Your foot size changes as you age and your feet may also differ slightly in size.
- Shop for shoes at the end of the day when your feet are at their widest and largest.
- Make sure that there is 1/4 - 3/8 inch space between your longest toe and the front of the shoe.
- Don't buy shoes that are too small thinking that they will stretch after some wear.

Prevention

Good diabetes control can help prevent further nerve damage. Here are the key points to remember:

- Monitor your blood sugar.
- If needed, take diabetes medicine exactly as directed.
- Eat healthy.
- Exercise regularly.
- Get regular checkups.

When to Call the Doctor

Call your doctor, or go to the Emergency Department, if you develop:

- fever
- signs of infection like redness, swelling, drainage
- any changes in how your feet or legs look or feel

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Date: 02/25/15
Account Num: SV0083448385
Med Rec Num: SM02556209
Patient: GUTIERREZ,CYNTHIA
Location: NSMED
Physician: Brandwene,Elliott L

Santa Rosa Memorial Hospital

1165 Montgomery Drive
Santa Rosa, Ca 95405
(707)546-3210 Main Hospital
(707)546-3210 Emergency Department

006261

RUN: 02/26/16 1413

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SANTA ROSA MEMORIAL HOSPITAL LABORATORY

St. Joseph Health System

1165 Montomery Dr., Santa Rosa, CA 94505

Paul W. Wasserstein,M.D., M.J. DeMeo,M.D., J.A. Wolfe,M.D., Pathologists

L A B O R A T O R Y R E P O R T

PATIENT: GUTIERREZ,CYNTHIA	ACCT #: SVO083448385	LOC: NSMED	MR#: SMO2706496
	STATUS: DEP ER	RM#:	REGSTR: 02/25/15
ADMIT DR: Brandwene,Elliott L	AGE/SX: 33/F	DOB: 07/31/1981	DISCHG:

***** HEMATOLOGY *****

Date	2/25			Reference	Units
Time	0350				
White Blood Cell C	7.8			(3.5-11.0)	10 ³ /uL
Red Blood Cell Cou	2.66	L		(3.50-5.50)	10 ⁶ /uL
Hemoglobin	7.7	L		(12.0-15.0)	g/dL
Hematocrit	24.2	# L		(36.0-45.0)	%
Mean Corpuscular V	91	#		(79-95)	fL
Mean Corpuscular H	29.1			(26.0-33.0)	pg
Mean Corp Hgb Conc	32.0			(32.0-36.0)	g/dL
Red Cell Distribut	16.3	H		(11.0-14.0)	%
Platelet Count	172			(120-400)	THD/uL
Mean Platelet Volu	9.4			(7.4-10.4)	fL
Segmented Neutroph	73.4	H		(34-64)	%
Lymphocytes %	16.6	L		(19-48)	%
Monocytes %	6.6			(3-9)	%
Eosinophils %	2.4			(0-7)	%
Basophils %	1.0			(0-2)	%
Neutrophils #	5.7	H		(2.5-5.6)	THD/uL
Lymphocytes #	1.3			(0.8-3.5)	10 ³ /uL
Monocytes #	0.5			(0.2-1.0)	THD/uL
Eosinophils #	0.2			(0-0.5)	THD/uL
Basophils #	0.1			(0-0.1)	THD/uL

Patient: GUTIERREZ,CYNTHIA

Age/Sex: 33/F

AcctSVO083448385 UnitSMO2706496

006262

RUN: 02/26/16 1413

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SANTA ROSA MEMORIAL HOSPITAL LABORATORY

St. Joseph Health System

1165 Montgomery Dr., Santa Rosa, CA 94505

Paul W. Wasserstein, M.D., M.J. DeMeo, M.D., J.A. Wolfe, M.D., Pathologists

L A B O R A T O R Y R E P O R T

PATIENT: GUTIERREZ, CYNTHIA	ACCT #: SVO083448385	LOC: NSMED	MR#: SMO2706496
ADMIT DR: Brandwene, Elliott L	STATUS: DEP ER	RM#:	REGSTR: 02/25/15
	AGE/SX: 33/F	DOB: 07/31/1981	DISCHG:

***** CHEMISTRY *****

Date	-----2/25-----		
Time	0614	0350	
		Reference	Units
Glucose	418 (A) *H	(65-99)	mg/dL

- (A) ***** CRITICAL VALUE *****
 CALLED AND READ BACK BY:
 WALLACCA01 on 02/25/15 (0429), TO CAMERON/ED
 NURSE _____ NOTIFIED DR. _____ DATE: _____ TIME: _____
 (Completed on hard copy only)
 IF DR. NOT NOTIFIED REASON: _____
 See also (B), (C)
- (B) American Diabetes Association guidelines:
 Values greater than 125 mg/dl indicate diabetes if the
 abnormality is confirmed on a subsequent day.
- (C) Note: Reference Range is ADA Guideline for fasting glucose.

Sodium	137	(136-144)	mmol/L
Potassium	4.9	(3.6-5.1)	mmol/L
Chloride	96 L	(101-111)	mmol/L
Carbon Dioxide	26	(22-32)	mmol/L
Anion Gap	15.0 H	(3.0-11.0)	
Blood Urea Nitrogen	57 H	(8-20)	mg/dL
Creatinine	3.9 H	(0.40-1.00)	mg/dL
Calcium	8.0 L	(8.9-10.3)	mg/dL
Total Protein	6.8	(6.1-7.9)	gm/dL
Albumin	3.3 L	(3.5-4.8)	g/dL
Total Bilirubin	0.5 (D)	(0.3-1.2)	mg/dL

- (D) --- 02/25/15 0756 ---
 TBIL previously reported as:
 < 0.1 L mg/dL

Aspartate Amino Tr	27	(15-41)	IU/L
Alanine Aminotrans	93 H	(14-54)	IU/L
Alkaline Phosphata	290 H	(32-91)	IU/L
Globulin	3.5	(2.3-3.5)	gm/dL
Estimated GFR Non-	14 (E) L	(>60)	ml/min

- (E) See (F), (G)
 (F) Results suggest Kidney Stage 5 per NKF/DOQI guidelines
 (G) **Note: As of 04/21/14 the eGFR will be calculated using the
 CKD-EPI equation**

Patient: GUTIERREZ, CYNTHIA

Age/Sex: 33/F

AcctSVO083448385 UnitSMO2706496

006263

RUN: 02/26/16 1413

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SANTA ROSA MEMORIAL HOSPITAL LABORATORY

St. Joseph Health System

1165 Montgomery Dr., Santa Rosa, CA 94505

Paul W. Wasserstein, M.D., M.J. DeMeo, M.D., J.A. Wolfe, M.D., Pathologists

L A B O R A T O R Y R E P O R T

PATIENT: GUTIERREZ, CYNTHIA	ACCT #: SV0083448385	LOC: NSMED	MR#: SM02706496
	STATUS: DEP ER	RM#:	REGSTR: 02/25/15
ADMIT DR: Brandwene, Elliott L	AGE/SX: 33/F	DOB: 07/31/1981	DISCHG:

***** CHEMISTRY (continued) *****

Date	-----2/25-----			
Time	0614	0350	Reference	Units
Estimated GFR (Afr	17 (H)	L	(>60)	ml/min

(H) See (I), (J)

(I) Results suggest Kidney Stage 4 per NKF/DOQI guidelines

Reference Range: >60 ml/min/1.73 m²

(J) Stage 1 or 2 = Normal to mildly reduced kidney function

Stage 3 = Moderately reduced kidney function

Stage 4 = Severely reduced kidney function

Stage 5 = Very severe or endstage kidney failure

As of 4/21/14, eGFR will be calculated using the CKD-EPI Creatinine equation.

Rapid Creatine Kin	5.1	(0.6-6.3)	ng/mL
Rapid Troponin I	< 0.05 (K)	(<0.05)	ng/mL

(K) 99% of normal subjects have values <0.04. The recommended threshold for acute MI is >0.40. Values between 0.04 and 0.39 often occur in patients with acute coronary syndromes and have been associated with an increased risk of coronary events.

Serial sampling is recommended to detect the temporal rise and fall of Troponin levels characteristic of an AMI. These values should be interpreted in the context of the patient's clinical presentation.

NOTE: These assays were performed using the Biosite Triage Meter. Reference ranges may be different.

Patient: GUTIERREZ, CYNTHIA

Age/Sex: 33/F

AcctSV0083448385 UnitSM02706496

006264

RUN: 02/26/16 1413

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SANTA ROSA MEMORIAL HOSPITAL LABORATORY

St. Joseph Health System
1165 Montgomery Dr., Santa Rosa, CA 94505

Paul W. Wasserstein, M.D., M.J. DeMeo, M.D., J.A. Wolfe, M.D., Pathologists

L A B O R A T O R Y R E P O R T

PATIENT: GUTIERREZ, CYNTHIA	ACCT #: SV0083448385	LOC: NSMED	MR#: SMO2706496
	STATUS: DEP ER	RM#:	REGSTR: 02/25/15
ADMIT DR: Brandwene, Elliott L	AGE/SX: 33/F	DOB: 07/31/1981	DISCHG:

***** CHEMISTRY (continued) *****

Date	-----2/25-----			
Time	0614	0350	Reference	Units
Rapid B-type Nat P	> 5000 (L)	*H	(0-100)	pg/mL

(L) POSITIVE

***** CRITICAL RESULT*****

CALLED AND BROADCAST TO CAMERON/EDE AT 0417, 02/25/15 BY LAB WALLACCA01.

NURSE _____ NOTIFIED DR. _____ DATE: _____ TIME: _____

(Completed on hard copy only)

IF DR. NOT NOTIFIED REASON: _____

BNP LEVEL ADDITIONAL INTERPRETATIONS

0-100 PG/ML Highly unlikely that patient's symptoms result from systolic or diastolic dysfunction.

101-200 PG/ML BNP greater than 100 pg/ml is considered positive and indicative of heart failure. LV

Dysfunction with no acute CHF=141 (+/-31).

Severe Right Heart Failure, Pulm HTN, or

large Pulm Embolus may equal 100-200 pg/ml.

201-479 PG/ML Almost always Left Heart Failure. AMI with

CHF may have elevated levels; Positive BNP

should not be viewed as excluding a diagnosis of AMI.

Equal to or greater than 480 PG/ML

Patients who present with dyspnea and BNP

level equal to or greater than 480 have a

nearly 30-fold increased risk for a cardiac

event in the next 6 months.

Bedside Glucose	313(@a) H	(65-99)	mg/dL
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NOTES: (@a) Santa Rosa Point of Care

Test Performed at: Santa Rosa Memorial Hospital

1165 Montgomery Dr Santa Rosa, CA 95402

Patient: GUTIERREZ, CYNTHIA	Age/Sex: 33/F	AcctSV0083448385 UnitSMO2706496
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006265

RUN: 02/26/16 1413

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L A B O R A T O R Y R E P O R T

PATIENT: GUTIERREZ,CYNTHIA	ACCT #: SVO083448385	LOC: NSMED	MR#: SM02706496
	STATUS: DEP ER	RM#:	REGSTR: 02/25/15
ADMIT DR: Brandwene,Elliott L	AGE/SX: 33/F	DOB: 07/31/1981	DISCHG:

-----CANCELLED SPECIMENS-----

0225:BG00049S CAN, Coll: 02/25/15-1135 Recd: 02/25/15-1143 (R00996228) Kang,Hyun
Ordered: ABG
Comment: WRONG SV#

Patient: GUTIERREZ,CYNTHIA

Age/Sex: 33/F

AcctSVO083448385 UnitSM02706496

006266

Page 1 of 1



Date 02/25/15
Account Num SV0083448385
Med Rec Num SM02556209
Patient GUTIERREZ, CYNTHIA
Location NSMED
Physician Brandwene, Elliott L

Patient Instructions Signature Page

Patient Name: GUTIERREZ, CYNTHIA

Guardian Name:

The above-named patient and/or guardian has received the following patient instructions:

AFTERCARE, ED Chronic Pain, ED Chronic Renal Failure, Diabetic Neuropathy

on this date: 02/25/15 - 0649

I have read and understand the instructions given to me by my caregivers.

GUTIERREZ, CYNTHIA

Print Patient Name

Patient (or Guardian) Signature

Date

Caregiver (RN/PA/CNA) Signature

Date



006267

Santa Rosa Memorial
1165 Montgomery Drive
Santa Rosa, CA 95405

Imaging Services

Patient Name: GUTIERREZ,CYNTHIA
Account #: SV0083448385
Unit #: SM02706496

DOB: 07/31/1981
Age/Sex: 33/F
Location: NSMED

Admitting Dr:
Ordering Dr: Brandwene, Elliott L MD
Primary Dr: Southwest Community,Health Cli
Exam Performed: XR Chest 1V Portable
Date of Service: 02/25/15
Req #: 15-0046705
Accession #: 785411.001NSM

EXAMINATION: PORTABLE CHEST X-RAY: 02/25/2015

CLINICAL HISTORY: Congestion; cough.

COMPARISON: February 12.

FINDINGS: Portable view of the chest obtained. Stable right IJ large bore dual lumen central line. Heart is enlarged but stable. No pneumothorax. There is prominence of the pulmonary vascularity as well as bilateral interstitial infiltrates. No significant effusion on portable exam.

IMPRESSION:
Stable cardiomegaly. There is pulmonary vascular congestion and interstitial infiltrates. Findings suggest fluid overload with congestive failure.

Findings noted by ER physician.

Job #:
76171602
<Electronically signed by Shawn P Daly MD> 02/25/15 1440
Signed

Shawn P Daly MD

Report #: 0225-0120
Dictated Date/Time: 02/25/15 0822
Transcribed Date/Time: 02/25/15 0927
Transcriptionist: WEISSDI01

Imaging Services Report
Report Status: Signed
Unit #: SM02706496
Report #: 0225-0120
Page 1 of 2

Patient Name: GUTIERREZ,CYNTHIA
Account #: SV0083448385
Dictated By: Shawn P Daly MD

006268

GUTIERREZ,CYNTHIA SM02706496

CC: Elliott L Brandwene

Imaging Services Report
Report Status: Signed
Unit #: SM02706496
Report #: 0225-0120
Page 2 of 2

Patient Name: GUTIERREZ,CYNTHIA
Account #: SV0083448385
Dictated By: Shawn P Daly MD

DATE: 05/05/15 @ 1127		Northern California ITS *LIVE*				PAGE 794
USER: ROMANORO01		ITS Reports: Patients/Departments/Reports Print				
Account#	Name	Unit#	Status Report#	Dept Report	Dept.Name Report.Name	Facility Facility.Name
SV0083448385	GUTIERREZ,CYNTHIA	SM02706496	DEP ER	CVS	Cardiovascular Services	NSM
	Att.Phys		0225-0105	EKG	Electrocardiology Report	Santa Rosa Memorial
	Dictated.by Coleman, Patrick S MD	02/25/2015 0408			Transcribed.by GE Muse	
	Signed.by Coleman,Patrick S	for Coleman,Patrick S			Signed Date/Time 02/25/15 1328	
	Phys CC'd Vista Family Health Care					

Order# 0225-0023 Category EKG Procedure EKG/ ECG

***** ORDERS *****

***** REPORT *****

1 Descr: Type: Text Form.or.Screen: Init.WDoc:

Test Reason : SOB

Blood Pressure : ***/*** mmHG

Vent. Rate : 086 BPM Atrial Rate : 086 BPM

P-R Int : 138 ms QRS Dur : 078 ms

QT Int : 378 ms P-R-T Axes : 009 075 054 degrees

QTc Int : 452 ms

Normal sinus rhythm

Left atrial enlargement

Borderline ECG

When compared with ECG of 12-FEB-2015 14:28,

No significant change since prior tracing

Confirmed by Coleman, MD, Patrick (34) on 2/25/2015 1:27:30 PM

Referred By: Elliott Brandwene Overread By: Patrick Coleman, MD

***** REPORT (RICH TEXT) *****

RAD.RES.zcus.reports.print

006270

Santa Rosa Memorial Hospital

25-FEB-2015 04:08:29

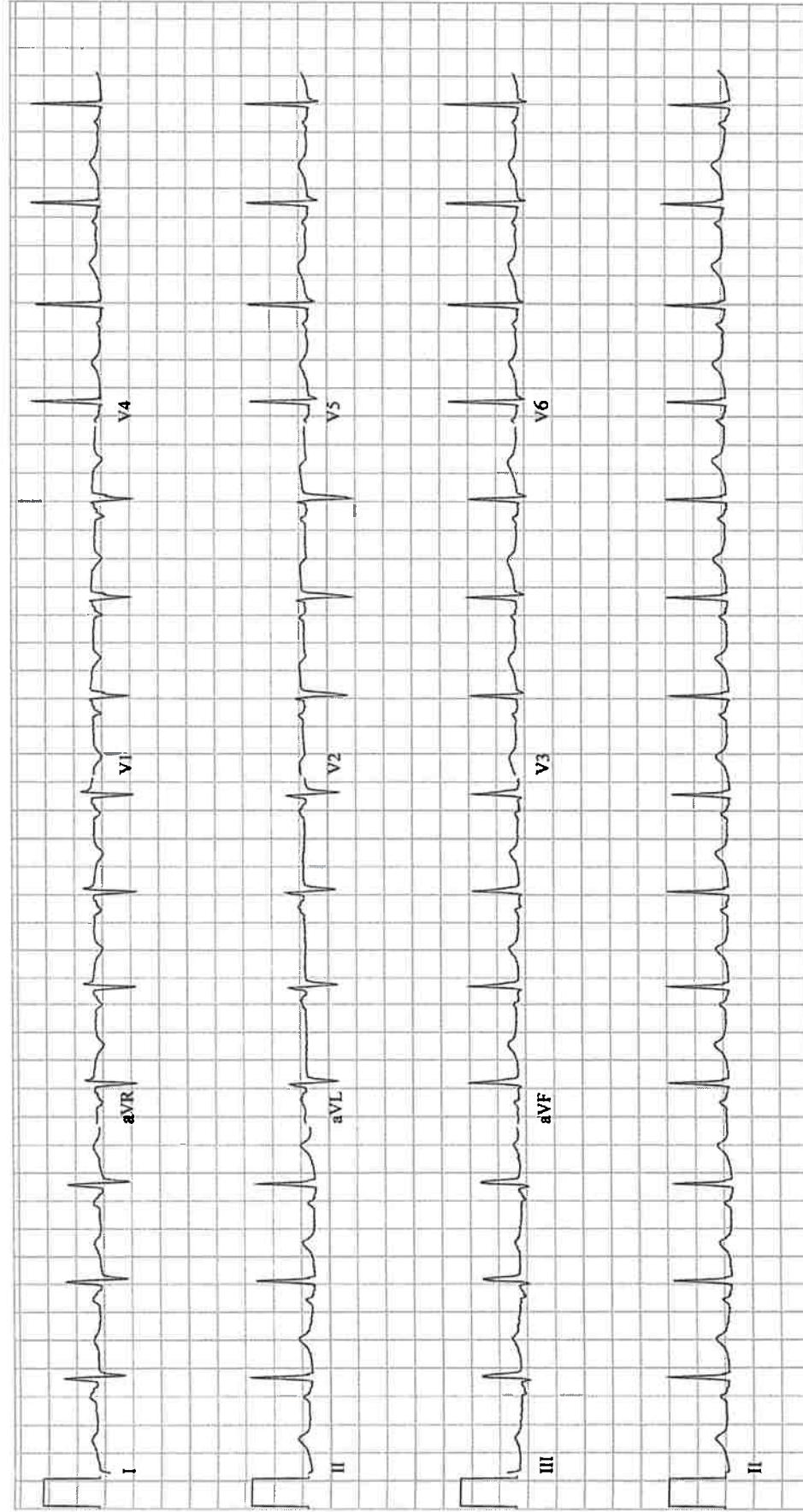
ID:SM02556209

GUTIERREZ, CYNTHIA

31-JUL-1981 (33 yr)
Female HispanicRoom:
Loc:2Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes86 BPM
138 ms
78 ms
378/452 ms
9 75 54Normal sinus rhythm
Left atrial enlargement
Borderline ECG
When compared with ECG of 12-FEB-2015 14:28,
No significant change since prior tracing
Confirmed by Coleman, MD, Patrick (34) on 2/25/2015 1:27:30 PMTechnician: JLC
Test ind:SOB

Referred by: Elliott Brandwene

Confirmed By: Patrick Coleman, MD




25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 21

EID:34 EDT: 13:27 25-FEB-2015 ORDER: 0225-0023 ACCOUNT: SV0083448385

Page 1 of 1

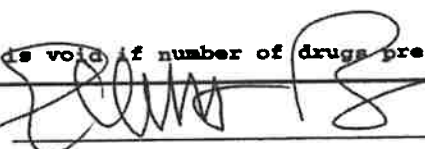
006271

No. 133		St. Joseph Health  Santa Rosa Memorial 1165 Montgomery Dr Santa Rosa, CA 95405 707-546-3210	
GUTIERREZ, CYNTHIA 3492 STONY POINT RD SANTA ROSA, CA 95407		*** This is an ED Patient: please fill Stat *** Sex F Age 33 Birthdate 07/31/1981	
HYDROCODONE BIT/ACETAMINOPHEN (NORCO 10-325 TABLET) 10 MG/325 MG Tablet 1			
1 TAB ORAL - Every 6 Hours Only as Needed for PAIN, Moderate to Severe(4-10) PRN? Yes [] Do Not Substitute Date Issued 02/25/2015 Refills No Refills Diagnosis			
Qty 20 Tablet (TWENTY) Quantity X 1-24 _ 25-49 _ 50-74 _ 75-100 _ 101-150 _ 151 and over			

SV83448563

PATIENT
 GUTIERREZ, CYNTHIA
 3492 STONY POINT RD
 SANTA ROSA, CA 95407
 07/31/1981
 02/25/2015

Prescription is void if number of drugs prescribed is not noted:

Prescriber's Signature 
 Brandwene, Elliott L.
 Lic# A60229
 DEA# BB5035452
 NPI# 1518050012

Date

2/25/15

1165 MONTGOMERY DR
 SANTA ROSA, CA
 Phone# 707-525-5207

COLOR
 RX. RX. 2015.nu.rx.script.mult

IDC-10 Compatible

SECURE

Designated Physician: Richard D. Carroll, M.D. DEA: AC8786216 Lic #: 038546

Batch 15-26980

370517 (7/14)

SP 51